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| | | | | annary | 1 13, 2010 | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | <u>′</u> | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/508,749 04/14/2005 | | James Martin | | | P/63564 | 8352 | |
| TITLE OF INVENTION: ALL | OCATING CONN | ECTIONS IN A COMM | UNICATION SYSTEM | | · | | |
| APPLN. TYPE SM | IALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 01/13/2010 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| WANG, QUAN ZHEN | | 2613 | 398-049000 | | , | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/127; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/127; Rev 03-02 or more recent) attached. Use of a Customer Number is required. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/127) attached. Use of a Customer Number is required. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/127) attached. Use of a Customer Number is required. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/127) attached. Use of a Customer Number is required. "The Patent (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) STACK FOLLY SUPE STACK FOLLY SUPE STACK FOLLY SUPE STACK FOLLY SUPE STACK FORM Proporation or other private group entity Government of Fee(s) are submitted: Deposit Account Number Status fee shown above Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form | | | | | | | |
| a. Applicant claims SMAl | LL ENTITY status | . See 37 CFR 1.27. | b. Applicant is no long | er claiming SMALL | ENTITY status. See 37 CF | FR 1.27(g)(2). | |
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